

Trousdale County Chancery Court at Hartsville

Justin W. Downs)
v.) CASE# 1994
Troupdale Turner Corr. facility /) Jury Demand
CORECIVIC /)
Vincent Vantell)

Violation of Civil RIGHTS

Comes before this honorable Court pro-se Justin W. Downs
to report and document the internal corruption from
the individuals in positions of authority at this
Institution of Correction Trousdale Turner Corr. facility/
CORECIVIC. Enclosed is a Statement of facts claiming
Direct violations of Tennessee State Constitution, United
States constitution, and TCA Law, Starting 8-1-24
through 9-18-24.

File for Record
THIS 2 DAY OF December 2021
9:27 A.M. OF 2021 P.M.
Clerk & Master
Erica McCauslin
Deputy C & I
Trousdale County
Hartsville, TN 37074

I Justin W. Downs an inmate housed at Trousdale Turner Correctional Center / CORFCIUC in Hartsville TN have Consistantly Over the Span of Time Starting 8-1-2024 had my Constitutional rights Violated Both United States Constitution and Tennessee State Constitution daily.

1. On 8-1-24 Between 4pm and 5pm I Inmate Justin W. Downs Approached LT Cunningham on the sidewalk outside the Gym/ Education Building and informed him that 2 other inmates had told me I needed to pay them \$50 that day or they would Beat me. Lt.Cunningham told me to go to Delta unit where I was housed and give my information to SGT:SMITH which I Complied. I went into Delta unit where SGT:smith and C10NWSU was in the Rotunda/Hall, I walked to SGT:smith told him I was the inmate ~~█~~ who LT:Cunningham Radised about. I went to walk back to Delta unit front door when SGT:Smith started yelling at me to put my hands on the wall. which I Complied. I was then handcuffed/restrained behind my back, at which time SGT:Smith grabbed my arm and tried to lead me back to the pod Delta Charlie where those responsible for Threatening me were housed/lived. I was in fear and had informed LT:cunningham, and SGT:smith of The incident where I was Threatened and

2° On 8-1-24 I was Deprived of my personal property that was bought and payed for By my family and Myself with proof of ownership. On 8-1-24 Trousdale Turner Correctional facility / CORECIVFC Sgt: Smith's disregard and negligent actions for my personal well being, my property, and his duty as a person of authority lead to The loss, theft, or misplacement of my personal property.

TDOC policy and procedure #506.16 Living Conditions of Segregated Inmates under Personal Property states...

"The property of Inmates being Segregated shall be searched, inventoried, stored, and/or disposed of according to policy # 504.02 by Staff before property leaves the sending unit, the transfer of property is to occur within Eight (8) hours of the Inmates segregation placement."

Sgt: Smith's disregard to follow this policy resulted in The deprivation of my personal property in value of \$475.60.

I resisted being lead back into that harmful situation and Sgt: Smith Slammed me on the floor landing on my back. I was struggling to breath and was in pain so I started trying to roll to catch my breath at which time C/O Almosu came up and pulled her pepper spray out, I was struggling so she sprayed me with abt of pepper spray. I was then escorted to Medical & Segregation.

3. On 8-2-24 after being segregated I asked Capt Smith and LT: Hill for cleaning supplys to clean my cell as there was food smeared ~~1~~, Filth all over the walls, looks like dried blood on the walls, Both Vents were plugged with dirt and grime, floor covered in dust and dirt, all I requested was to clean my cell and the reply I received from Capt Smith was "general population has cleaning supplys":

4. On 8-2-24 while the officers were feeding lunch trays, The clo Detator told me LT: Hill had told him not to feed me a tray. I asked to speak to LT: Hill and told the pod officer I needed to talk to Mental Health that I was having mental health issues and I had PTSD and need some help. They 'Detator, LT: Hill' would not call for help until I started cutting myself, Ticing sheet around my neck, and starting my self harm. The Head of the

I was then taken to the institutional Infirmary where DR. Guest admitted me to Suicide watch.

5. Between 8-2-24 and 8-3-24 an officer had brought what was left of my personal property to the infirmary. On 8-5-24 I was discharged from suicide watch at which time I was allowed to inspect my personal property, on camera in the infirmary. After inspecting my property, I found \$475.60 worth of property missing including clothes, jewelry, electronics. All of my property was paid for by myself, my family, and I have proof of ownership through Approved Vendor Union Supply Direct receipts.

6. I asked to speak with institutional investigator via Inmate Request Form with no response. I filed grievances for not ensuring my safety when I asked LT Cunningham, and SGT Smith to help me because 2 other inmates were trying to extort me and threatened me if I didn't pay. The grievance was deemed inappropriate and returned to me. I filed a grievance about my property which was ruled inappropriate as well.

7. Since 8-1-24 Thru 8-26-24 I only received (1) one shower per week. The policy for Segregated inmates is (3) three showers per week. Policy is set by TCA 4-3-603, TCA 4-3-606, and Prison Rape Elimination Act. Showers only (8-6-24, 8-12-24, 8-18-24, 8-22-24, 8-26-24)

8. The treatment I have been receiving By the Trousdale Turner Corr. Center / CORECIVIC staff has been inhumane, Cruel and malicious. I have made known to the Staff and the Staff in the Positions of Authority refuse to follow the Law of humanity, Direct Violation of State Law, United States Constitution, and Tennessee State Constitution Article I daily. When ~~I~~ ask for help to ensure my Safety and Security I was handcuffed and The Staff SET: Smith tried to drag me into the pod in which I was in danger. Then to cover up the Disregard for my Safety I was charged with institutional disciplinary. I have been diagnosed PTSD and need proper treatment and counseling to deal ~~with~~ with my mental anguish and emotional trauma. I have been forced to endure.

9. The Staff are supposed to make 2 checks, every 30mins per hour to check the security and well-being of those of us in segregation. But forge and fraudantly fill out the Unit/Pod Logbooks and Segregation Check Sheets, when they don't make security/well-being Checks. Some times we don't see any STAFF for 2 or 3 two or three hours.

I am seeking help outside Because when I asked for help here I found nothing But corruption and direct

10. On 9-18-2024 around 12 noon, I informed Capt. Ajee Smith along with Chief Carter, A.W. Huggins and the chief of Security that the Ventilation system for the cells were not working and the response I received in front of A.W. Huggins, Chief Carter, and the chief of security was "Echo building has air go to the compound." at which time the Above named staff of Authority started laughing like inhumane treatment is funny. Camera footage from Alpha Charlie pad on/Between 11:55am-12:05 noon 9-18-24 will show proof.

* I am seeking relief from the mental anguish, Emotional trauma, and detriment to my mental health and well being due to the neglect for humane treatment. I agreed to Tennessee Dept. of Corrections where I could get corrective treatment, Job skills training, Mental health treatment, where TDOC policy and procedures are the rule and are enforced. I agreed to go to TDOC on my guilty judgement Because I knew how TDOC will treat those under their care. This Institution Transdale Turner Corr. center (ORE CIVIC) does not follow TDOC policy and procedures, Therefore They are in Violation of their contract and of TCA 4-3-603, TCA 41-3-606, as well as USC Amendments 5th, amendments 8th, and Tenn. Const Article 1 § 8, § 16, § 21, § 32.

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: LT: Cunningham
 Place of employment of the first defendant: Trousdale Turner Corr. center
CORECIVIC
 First defendant's address: 140 Macon Way
Hartsville TN 37074
 Named in official capacity? Yes No
 Named in individual capacity? Yes No
2. Name of the second defendant: SGT: SMITH
 Place of employment of the second defendant: Trousdale Turner Corr. center
CORECIVIC
 Second defendant's address: 140 Macon Way
Hartsville TN 37074
 Named in official capacity? Yes No
 Named in individual capacity? Yes No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).
 Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

Constitution of The State of Tennessee Article 1§
Declaration of Rights:

§ 8, § 16, § 21, § 32

U.S.C. 5th amendment, 8th amendment, 14th amendment

3) Name of Third Defendant: % Nwosa

Place of employment for Third defendant: Trousdale Turner Corr. Center / Corecivic
Third Defendants Address: 140 Macon Way
Hartsville TN 37074

Named in official Capacity? Yes — No

Named in Individual Capacity? Yes — No

4) Capt: AJEE Smith

Place of Employment: Trousdale Turner Corr. Center / CORECIVIC

Address: 140 Macon Way

Hartsville TN 37074

Named in a official Capacity? Yes — No

5) IT: E. Hill

Place of Employment: Trousdale Turner Corr. Center / CORECIVIC

Address: 140 Macon Way

Hartsville TN 37074

Named in official Capacity? Yes — No

Named in individual capacity? Yes — No

6) Vincent Vantell

Place of Employment: Trousdale Turner Corr. Center / CORECIVIC

140 Macon Way

Hartsville TN 37074

Named in official Capacity: Yes — No

Named in individual capacity: Yes — No

Name

7) Chief Carter

Place of Employment

Trousdale Turner Correctional Facility / CORECIVIC
Address

140 Macon Way
Hartsville TN 37074

Named in official capacity: yes no

8) A.W. Huggins

Place of Employment

Trousdale Turner Corrections facility / CORECIVIC

Address

140 Macon Way

Hartsville TN 37074

Named in official capacity: yes no

III. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? Yes No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs _____
N/A
 Defendants _____

2. In what court did you file the previous lawsuit?

N/A

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit?

N/A

4. What was the Judge's name to whom the case was assigned?

5. What type of case was it (for example, habeas corpus or civil rights action)?

N/A

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.)

N/A

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending?

N/A

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)

N/A

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? Yes No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

Yes No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

Yes No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? Yes No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? I filed grievances and received a response on showers. The Grievance Chairman Sent Back my grievances for

2. What was the response of prison authorities? Property and The Neglect for my safety & Security; was abusing the grievance procedure. That I can't have more than one grievance at a time,

F. If you checked the box marked "No" in question IV.D above, explain why not. _____

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? Yes No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? Yes No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? _____

2. What was the response of the authorities who run the detention facility? _____

J. If you checked the box marked "No" in question IV.H above, explain why not. _____

V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

Tennessee Constitution Article 1 Declaration of Rights: § 8, § 16, § 21,
§ 32; United States Constitution 8th amendment, 5th amendment, 14th amendment

VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

Relief Requested

I ASK this honorable court for relief in the sum of But not limited the following..

Transfer to a Tennessee Dept of Corrections institution under Care and Control of TDOC employees, following TDOC policies and procedures just as my Judgement of sentence is marked TDOC. Immediate Mental Health Evaluation and Treatment for all Diagnoses as a result of Evaluation. Housing at a TDOC facility where I can get Vocational Training in Horticulture, Welding, Barbering, and Treatment for Alcohol and Drug Abuse, Jobs skills and work Training. Reimbursement of personal property. Treatment for the Mental anguish I have endured and punitive damages for the disregard and negligent treatment of me as a human in value of \$300 per day until This case has been settled starting on 8-1-24. I have currently started using (Fentanyl) and now struggle with Opiate Dependency as a result of Being at this Institution to numb the trauma. I request Speculative damages for the personal action taken place By Said Defendants in this Brief.

The gross negligence of Trousdale Turner Correction Facility / CORECIVIC Staff named in this complaint has caused me to try to commit suicide, has put me in Danger and has lead to the loss of my personal property, Mental anguish, Emotional distress and more.



TENNESSEE DEPARTMENT OF CORRECTION
INAPPROPRIATE GRIEVANCE NOTIFICATION

TO: Downs, Justin
INMATE NAME (Printed)

FROM: S9o Christian, Grievance Chairperson

DATE: 8-30-24

SUBJECT: ADS

S26490
TDOC NUMBER

AC-209
HOUSING UNIT

Inmate TDOC Grievance Number

THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE. Your Grievance is being returned to you due to the following reason(s):

1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY. Grievance forms not properly completed or contain insufficient information for processing shall be returned to the inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and in tact. [Policy #501.01 VI.(C)(1)]
4. _____
- _____
- _____
- _____

Reminder: You have **SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED** to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to the Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box.

S9o C Christian
Grievance Chairperson



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCEJustin W. Downs

NAME

5260490

NUMBER

TTCC-AC209

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: On 8-1-2024 around 16:15-16:40 I approached LT. Cunningham on The Walkway outside the East Side gym at which time I informed him I was in fear of Bodily harm, Injury, or death. Because an

REQUESTED SOLUTION: To Be housed at a Safe & Secure Institution of Correction and Those CORECIVIC Staff involved Be held accountable for such grievous acts against human life and liberty along with Incompetables against all staff named in this grievance for fear of future endangerment of my life.

Justin

Signature of Grievant

8-10-2024

Date

TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number

Date Received

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSESummary of Supervisor's Response/Evidence: _____

_____Chairperson's Response and Reason(s): _____

DATE: _____

CHAIRPERSON: _____

Do you wish to appeal this response? YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

CR-1394 (Rev. 3-00)

Page 1 of 2

RDA 2244

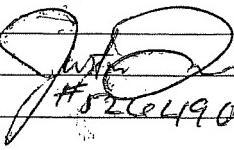


TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM: Affiliation/Gang was attempting to extort me when They (Affiliation) figured out somehow That I had a sum of Money on my JPay account and I needed to refuse cell assignment for fear of Bodily harm, Injury or death. LT. Cunningham Radioed Delta Unit SGT:Smith That There was an RCA Inmate inroute To take his info and start a seg packet. LT. Cunningham told me to go give SGT: Smith my info. I then proceeded to Delta unit and met SGT: Smith in the rotunda where I told him "It was me Justin W. Downs TDOC#526490 who LT.Cunningham radioed about." I proceeded to walk towards Delta unit front door at which time SGT: Smith started yelling for me to "put my hands on the wall," while he pointed his OC spray can in my direction. I Complied Then was Restrained (cuffed) Behind my Back. SGT: Smith Then tried to lead me into Delta Charlie pod where I was refusing cell assignment for fear of retaliation and Bodily harm or death. I struggled and resisted the forceful act of trying to put my Body + life in harms way. I was then Slammed on The floor with SGT: Smith landing on my back hindering my Breathing. CO NWOSU Came to Aid in the assistance of SGT: Smith with her OC Spray prepared to discharge. I tried to roll over so I could breath and CO NWOSU Discharged her OC Spray on my Face. I respected The Chain of command By going to The authority LT.Cunningham who sent me to Sgt: Smith who then restrained me to try to force me into Delta charlie pod where I was in fear of harm or death. Once I informed LT.Cunningham That I was in fear of Bodily Harm, Injury, or Death He (LT.Cunningham) should have taken immediate action to ensure The Safety and security of myself Justin W. Downs # 526490. After which [REDACTED] an internal investigation would have been conducted to ensure the safety and security of myself Justin W. Downs # 526490 Who is a Human Being. Instead a use of force was [REDACTED] used against me (Justin Downs #526490) to Cover up The Neglect of human life and well being when in [REDACTED] danger.


Justin W. Downs
#526490

8-6-2024

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

CR-1394 (Rev. 3-00)

Page 2 of 2

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INAPPROPRIATE GRIEVANCE NOTIFICATION

TO: Downs, Justin 526490 AC-209
INMATE NAME (Printed) TDOC NUMBER HOUSING UNIT
FROM: Sgo Christian, Grievance Chairperson
DATE: 8-30-24 Inmate TDOC Grievance Number
SUBJECT: PRO (Property Settlement 9-24)

THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE. Your Grievance is being returned to you due to the following reason(s):

1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY. Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and in tact. [Policy #501.01 VI.(C)(1)]
4. _____

Reminder: You have **SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED** to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to the Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box.

Sgo C Christian
Grievance Chairperson



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCEJustin W. Downs

NAME

526490

NUMBER

Alpha Unit

Tennsdaile Turner Corr. Center

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: On 8-1-24 on or around 16:40 I refused cell assignment from Delta building Rotundas. I then was placed in Segregation without my property. The following day 8-2-24 I was placed in The Infirmary

REQUESTED SOLUTION: My personal property Be Board & replaced Since It was Erroneous on the Institution Staff who lost my property and allowed Inmates to pack and my property and did not account/Inventory my property as policy states.

Signature of Grievant

99-24

Date

TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number

Date Received

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s):

DATE:

CHAIRPERSON:

Do you wish to appeal this response? YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: On Suicide Watch without my property. That was more than Eight hours later.

Living Condition for Segregated Inmates policy Index # S04.16 under personal property. The property of Inmates Being Segregated Shall Be Searched, inventoried, Stored, or disposed of In accordance with policy #S02.02 By staff Before the property leaves the sending unit (Delta), the transfer of property is to occur within Eight (8) hours of Inmate Segregation placement.

SGT: Smith let inmates pack my property at which time my personal property including Electronics, Jewelry, Cloths & Toiletries went missing. The Value of missing property IS \$475.60. I have Receipts to prove ownership. When SGT: Smith Escorted me to medical ~~B-101~~ for placement in Alpha unit, he should have Secured my property, inventoried my property ~~with his~~ By Staff help only, Not inmates. Therefore It is his responsibility and must be held accountable for my missing property. My Family works hard for the property that has been lost and I would greatly appreciate if it is found and/or replaced.

As of 9-9-24, I still have not received my ~~receipt~~ Log of Property/Inventory sheet.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

CR-1394 (Rev. 3-00)

Case 3:25-cv-00136 Document 1-2 Filed 02/07/25 Page 20 of 38 PageID #: 24

Page 2 of 2

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INAPPROPRIATE GRIEVANCE NOTIFICATION

TO: Davis, Justin
INMATE NAME (Printed)

5210490
TDOC NUMBER

AC-209
HOUSING UNIT

FROM: Sgt. Christian, Grievance Chairperson

Inmate TDOC Grievance Number

DATE: 9-23-24

SUBJECT: WIT

THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE. Your Grievance is being returned to you due to the following reason(s):

1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY. Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and in tact. [Policy #501.01 VI.(C)(1)]
4. _____

Reminder: You have **SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED** to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to the Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box.

Sgt. C. Christian
Grievance Chairperson



TENNESSEE DEPARTMENT OF CORRECTION
INAPPROPRIATE GRIEVANCE NOTIFICATION

TO: Dawn Justen
INMATE NAME (Printed)

FROM: S9o Christian

DATE: 9-16-24

SUBJECT: OPD

526490
TDOC NUMBER

AC-209
HOUSING UNIT

Grievance Chairperson

Inmate TDOC Grievance Number

9-19-24 - sent out again

THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE. Your Grievance is being returned to you due to the following reason(s):

1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY. Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

1. No specific details, i.e. dates, times, names of persons involved as mandated in *Inmate Grievance Handbook*, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and in tact. [Policy #501.01 VI.(C)(1)]
4. Need to do a lost/stolen Property...

Need the Full Grievance...

Reminder: You have **SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED** to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to the Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this cover sheet) back in the grievance box.

S9o C Christian
Grievance Chairperson



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCEDOWNS, Justin

NAME

526490

NUMBER

TTCC ALPHA

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: on 8-1-24 on /around 16:40 I refused cell assignment from delta unit rotunda. I then was placed in segregation without my property. The following day I was placed in the

REQUESTED SOLUTION: My property Be found and/or replaced since it was Error on The Staff to not follow policy 506.16 and they did not secure my property like they are supposed to, and caused the loss/misplacement of my property.

Justin

Signature of Grievant

9-19-24

Date

TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number

Date Received

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: _____

_____Chairperson's Response and Reason(s): _____

DATE: _____

CHAIRPERSON: _____

Do you wish to appeal this response? YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

CR-1394 (Rev. 3-00)

Page 1 of 2

RDA 2244

Case 3:25-cv-00136 Document 1-2 Filed 02/07/25 Page 23 of 38 PageID #: 27



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM: Infirmary on Suicide watch without my property, that was more than 12 hours later.

Living Conditions for Segregated Inmates policy index# 506.16 under personal property states:

The property of Inmates Being Segregated shall Be searched, inventoried Stored, or disposed of In accordance with policy # 502.02 By STAFF before the property leaves the Sending Unit (████) The transfer of property is to occur within Eight hours of Inmates segregation placement.

When I asked a Go in to the infirmary to Call Sgt Smith about my property, Sgt. Smith relayed a message saying my property was in Delta rotunda Inmate Bathroom. Why was my property in the Bathroom? My property was not searched, inventoried or █████ stored in accordance to policy. When I was discharged from suicide watch on 8-5-24 I inspected my property in the Infirmary on camera where I realized I was missing Cloths, Electronics, Jewlery total value \$475.00.

As of today 9-19-24 this is an ongoing issue Because I still have not received any of my property which I bought and payed for and have the reciepts to prove ownership.

TDOC policy 506.16 is under Authority of TCA 4-3-603, and 4-3-603(e) and the PREA Act of 2003

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

LOST/DAMAGED/STOLEN PERSONAL PROPERTY CLAIM

Facility	T.T.C.C.	Date of Occurrence	8-1-24-Thru-8-3-24
Inmate/Resident Name	Justin Downs	Inmate/Resident Number	526490
Housing Assignment	Alpha Charlie -209	Claim Number Assigned (For Staff Use Only)	
Printed Name of Assigned Investigator (For Staff Use Only)			

LOST OR DAMAGED PROPERTY (If additional space is necessary, attach additional form)

Quantity	Item	Estimated Value
1	Headphone extension	\$ 3.15
1	Skull Candy Inked Earbuds	\$ 12.75
2	Sweat Pant gray	\$ 31.90
2	Sweatshirt gray	\$ 25.90
1	Sterling Silver chain Curb 24inch length	\$ 42.85
1	Premium 210 Flatbill fitted Hat. Gray size S/M	\$ 15.35
1	Sterling Silver Jesus face pendant	Total Estimated Value \$ 22.95

STOLEN PROPERTY (If additional space is necessary, attach additional form)

EXPLAIN CIRCUMSTANCE SURROUNDING LOSS/DAMAGED/STOLEN PROPERTY

On 8-1-2024 I refused cell assignment from delta rotunda, SGT:SMITH retrieved what property was brought to me while I was in the infirmary on suicide watch, when I was discharged from suicide watch on 8-5-24 I looked through the property that had been brought to the infirmary upon inspection in the infirmary on camera none of the items listed was in my property, I have filed a grievance with my receipts attached with a Lost/Stolen/Damaged property claim attached as well. Sgt. Smith did not follow policy in searching,

Proof of Ownership Attached (i. e., receipts) YES (All Receipts were attached to the original 14-6D)

Inmate/Resident Signature			
Inmate/Resident ID Number	# 526e490	Date:	9-19-2024

cc: Inmate/Resident
cc:Property File

PROPERTY OF CORRECTIONS CORPORATION OF AMERICA

LOST/DAMAGED/STOLEN PERSONAL PROPERTY CLAIM

. (2)

Facility	Trousdale Turner Correctional Center	Date of Occurrence	8-1-24 thru 8-3-24
Inmate/Resident Name	Justin W. Downs	Inmate/Resident Number	526490
Housing Assignment	ALPHA CHARLIE 209	Claim Number Assigned (For Staff Use Only)	
Printed Name of Assigned Investigator (For Staff Use Only)			

LOST OR DAMAGED PROPERTY (If additional space is necessary, attach additional form)

Quantity	Item	Estimated Value
1	15inch 'RCA' Clear TV without speakers	\$ 175.95
1	RCA remote Control	\$ 8.75
1	Westbend Clear Lamp w/ light bulb	\$ 18.50
1	Emerson Clear(5)outlet Surge protector strip	\$ 17.95
1	Koss CL-20 Clear headphones w/ Cord	\$ 39.50
1	Black retro Sunglasses	\$ 7.65
1	Geneva clear digital watch	Total Estimated Value \$ 19.75

STOLEN PROPERTY (If additional space is necessary, attach additional form)

EXPLAIN CIRCUMSTANCE SURROUNDING LOSS/DAMAGED/STOLEN PROPERTY

retrieving, or storing my property as well as not sending my property. In the 8 hours of my Segregation placement which resulted in the loss, misplacement, or theft of my property. policy# 506116 under personal property for living conditions for segregated inmates. I have attached my receipts to prove ownership of my property.

Proof of Ownership Attached (i. e., receipts) YES (All Receipts were attached to the original 14-6D)

Inmate/Resident Signature			
Inmate/Resident ID Number	# 526490	Date:	9-19-2024

cc: Inmate/Resident
cc:Property File

PROPERTY OF CORRECTIONS CORPORATION OF AMERICA



3321 Toy Road
Groveport, OH 43125
Phone: 855-247-4940
Fax: 888-857-6219
www.UNIONSUPPLYGROUP.com

REMIT TO:
Union Supply Direct
P.O. Box 619059
Dallas, TX 75261-9059

INVOICE	
Date	Number
2/19/2024	INV8777891

Page 1 of 1

SLMN		SALES ORDER	PICK TICKET #	SHIP VIA	PAYMENT METHOD		ORDER SOURCE
409			PL8241604	UPSFI	UAC		Mail-T

BILL TO:	SHIP TO:	ATTENTION
	TROUSDALE TURNER CORR CENTER 140 MACON WAY HARTSVILLE, TN 37074	5649189026

QTY ORD	QTY SHIP	ITEM #	DESCRIPTION	SIZE	U/M	UNIT PRICE	EXTENDED PRICE
Special Notes No special notes.							
1	1	4044156	RCA 15" CLEAR HD TELEVISION WITHOUT SPEAKERS ✓	15"	EA	175.95	175.95 ✓
1	1	4044158	RCA REMOTE CONTROL (2018)		EA	8.75	8.75 ✓
1	1	4099222	WEST BEND CLEAR LAMP WITH 25 WATT BULB ✓		EA	18.50	18.50 ✓
1	1	6099027	LIGHTBULB 25 WATT SINGLE 120/CS	EACH	EA	2.15	2.15

Misc Charges

Code	Description	Quantity	Amount
IDCREDIT	ID Credit	1.00	-0.41

Total \$ Lost or Stolen \$ 475.60

Tracking#1Z271E7F0305473174
Total Qty Shipped: 4

Paid In Full

SUBTOTAL	205.35
MISC CHARGES	-0.41
SALES TAX	19.01
TOTAL	223.95
AMOUNT RECEIVED	223.95
REFUND ISSUED	0.00

** Component of a promotional item; Item will not be included in contents of package.



3321 Toy Road
Groveport, OH 43125
Phone: 855-247-4940
Fax: 888-857-6219
www.UNIONSUPPLYGROUP.com

REMIT TO:
Union Supply Direct
P.O. Box 619059
Dallas, TX 75261-9059

INVOICE	
Date	Number
7/16/2024	INV9033830

Page 1 of 2

SLMN		SALES ORDER	PICK TICKET #	SHIP VIA	PAYMENT METHOD		ORDER SOURCE
409			PL8492558	UPSFI	CCD		WEB

BILL TO:	SHIP TO:	ATTENTION
	TROUSDALE TURNER CORR CENTER 140 MACON WAY HARTSVILLE, TN 37074	5649583646

QTY ORD	QTY SHP	ITEM #	DESCRIPTION	SIZE	U/M	UNIT PRICE	EXTENDED PRICE
Special Notes No special notes.							
1	1	1045315085	NIKE REVOLUTION 6 RUNNING WHITE	8.5	PR	79.95	79.95
1	1	4510149	BLACK SPEEDSTER RETRO SUNGLASSES 1.20 OZ.		EA	7.65	7.65 ✓
1	1	4001064	6' HEADPHONE EXTENSION CABLE	6'	EA	3.15	3.15 ✓
1	1	3531008	EVERLAST LOW CUT SOCK WHITE (6 PACK)	9-11	PK	10.95	10.95
1	1	2514015D	JAM JERSEY SHORT NO PKT EXTRA LONG INSEAM GRAY HEATHER	L	EA	10.95	10.95
1	1	4030308	GENEVA CLEAR PLASTIC DIGITAL WATCH WITH LIGHT NO ALARM		EA	19.75	19.75 ✓
1	1	4001046	EMERSON CLEAR 2' FIVE OUTLET SURGE PROTECTOR STRIP		EA	17.95	17.95 ✓
1	1	4014017	SKULLCANDY INK'D IN EAR CLEAR EARBUDS		EA	12.75	12.75 ✓
2	2	3027040C	URBAN STREET SWEATPANT- NO POCKET-NO DRAWSTRING- GRAY	MEDIUM	EA	15.95	31.90 ✓
2	2	2530085D	GILDAN SWEAT SHIRT GRAY	L	EA	12.95	25.90 ✓
1	1	6045035	STERLING SILVER CHAIN CURB 24" LENGTH		EA	42.85	42.85 ✓
1	1	2501088T	PREMIUM 210 FLAT BILL FITTED HAT HEATHER GRAY S/M	SML/MED	EA	15.35	15.35 ✓
1	1	6045023	STERLING SILVER PENDANT FACE OF JESUS 18MM DIAMETER		EA	22.95	22.95
1	1	2599068C	UNISEX PAJAMA SET KIT L/S GRAY	MEDIUM	SET	12.75	12.75



3321 Toy Road
Groveport, OH 43125
Phone: 855-247-4940
Fax: 888-857-6219
www.UNIONSUPPLYGROUP.com

REMIT TO:
Union Supply Direct
P.O. Box 619059
Dallas, TX 75261-9059

INVOICE	
Date	Number
7/16/2024	INV9033830

Page 2 of 2

3	3	3525057C	PRO-5 BOXER BRIEF - WHITE (1 PACK)	MEDIUM	EA	4.75	14.25
1	1	4044158	RCA REMOTE CONTROL		EA	8.75	8.75
1	1	4032025	SANGEAN SR-32CL MINI ANALOG AM/ FM RADIO (CLEAR)		EA	22.95	22.95 ✓
1	1	4020101	KOSS CL-20 CLEAR HEADPHONES 6' CORD		EA	39.50	39.50 ✓
1	1	6099027	LIGHTBULB 25 WATT (SINGLE BULB)	EACH	EA	2.15	2.15
1	1	4099222	WEST BEND CLEAR CLAMP-ON LAMP WITH LIGHT BULB		EA	18.50	18.50

Tracking#1Z271E7F0305847805
Total Qty Shipped: 24

Paid In Full

SUBTOTAL	420.90
MISC CHARGES	0.00
SALES TAX	38.97
TOTAL	459.87

** Component of a promotional item; Item will not be included in contents of package.



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

Brey | EPP
S15
Smith

DOWNS, Justin

NAME

5260490

NUMBER

TTCC AC-209

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Alpha Charlie 209 Has not had the opportunity
To Shower Since 8-6-24.

REQUESTED SOLUTION: I will Be allowed The opportunity to Shower 3 times
per Week while housed in Segregation and to Be Treated humanly.

Signature of Grievant

8-12-24

Date

Grievance
TO BE COMPLETED BY GRIEVANCE CLERK

7499-368020 AUG 20 2024

Grievance Number

3-20-24

Date Received:

Signature Of Grievance Clerk

Received

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

New Due Date:

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s):

DATE:

CHAIRPERSON:

Do you wish to appeal this response?

YES

NO

If yes, Sign, date, and return to chairman for processing within five (5) days of receipt of first level response.

GRIEVANT

8-31-2024

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

CR-1394 (Rev. 3-00)

Page 1 of 2

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM: On 8-10-24 was The last time I was offered a shower. TDOC policy 506.110 under lawful authority of TCA 41-3-1003 and TCA 41-3-1000 Health and Hygiene provisions clearly states: Inmates housed on Segregation shall be afforded the following:

Opportunity to shower three (3) times weekly (Mon, Wed, Fri or Tue, Thur, Sat).

I have not been given the opportunity to shower in six days. I/o Hall came around Saturday 8-10-24 and logged (Y) on the Shower Box. (Y means yes) In reality upon review of the camera it will show I justh Dovahs #526490 was never given the opportunity to shower after asking multiple times to escort me to the shower on 8-10-24.

Justh Dovahs #526490
8-12-24

ALPHA - CHARLIE - POD

Name

TDC#

Cell#

DATE

8-12-2024

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

CR-1394 (Rev. 3-00)

Page 2 of 2

RDA 2244

Case 3:25-cv-00136 Document 1-2 Filed 02/07/25 Page 31 of 38 PageID #: 35



TENNESSEE DEPARTMENT OF CORRECTION

RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

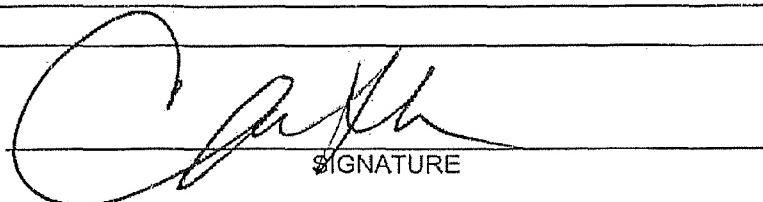
Grievance
AUG 28 2024
Received

DATE: 8/20/2024

Please respond to the attached grievance, indicating any action taken.

Date Due: 8/27/20247499-368020
Grievance NumberJustin Downs
Inmate Name526490
Inmate Number

All inmates are being offered showers 3 times a week if there is a reason that this does not happen "IE" Staff shortage those showers will carry over to the next day.


SIGNATUREC-27-24
DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-3148 (Rev. 3-00)

RDA 2244

Case 3:25-cv-00136 Document 1-2 Filed 02/07/25 Page 32 of 38 PageID #: 36

VII

Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

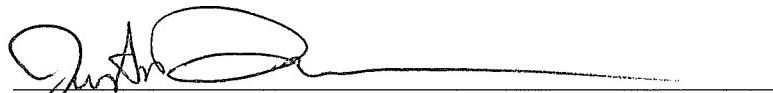
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

11-8-24

Signature of Plaintiff



Printed Name of Plaintiff

Justin W. Downs

Prison Identification #

526490

Prison Address

140 Macon Way

Hartsville ~~TN~~

TN

37074

City

State

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

CLERK AND MASTER
303 EAST MAIN STREET,
ROOM 1
HARTSVILLE, TN 37074
(615) 374-2996

STATE OF
TENNESSEE
CIVIL SUMMONS
page 1 of 1

Case Number

7994

Justin Downs

VS Vincent Vintell

Served on:

You are hereby summoned to defend a civil action filed against you in Hartsville, Trousdale County, Tennessee. Your defense must be made within thirty (30) days from the date this summons is served upon you. You are directed to file your defense with the clerk of the court and send a copy to the plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the complaint.

Issued: 12/13/24

Enya McCallum

Clerk / Deputy Clerk -

Attorney for Plaintiff:

Pro - Se

NOTICE OF PERSONAL PROPERTY EXEMPTION

TO THE DEFENDANT(S): Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption as well as a homestead exemption from execution or seizure to satisfy a judgment. The amount of the homestead exemption depends upon your age and the other factors which are listed in TCA §26-2-301. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for your self and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to execute it, you may wish to seek the counsel of a lawyer. Please state file number on list.

Mail list to: Shelly Jones, Clerk and Master, Trousdale County

CERTIFICATION (IF APPLICABLE)

I, Shelly Jones, Clerk and Master of Trousdale County do certify this to be a true and correct copy of the original summons issued in this case.

Date: _____
Clerk / Deputy Clerk - _____

OFFICER'S RETURN: Please execute this summons and make your return within ninety (90) days of issuance as provided by law.

I certify that I have served this summons together with the complaint as follows: _____

Date: _____ By: _____

RETURN ON SERVICE OF SUMMONS BY MAIL: I hereby certify and return that on _____, I sent postage prepaid, by registered return receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in the above styled case, to the Defendant _____ . On _____ I received the return receipt, which had been signed by _____ on _____. The return receipt is attached to this original summons to be filed by the Court Clerk.

Date: _____

Notary Public / Deputy Clerk (Comm. Expires _____)

Signature of Plaintiff

Plaintiff's Attorney (or Person Authorized to Serve Process)

ADA: If you need assistance or accommodations because of a disability, please call Shelly Jones, ADA Coordinator, at (615) 374-2996

CLERK AND MASTER
303 EAST MAIN STREET,
ROOM 1
HARTSVILLE, TN 37074
(615) 374-2996

STATE OF
TENNESSEE
CIVIL SUMMONS
page 1 of 1

Case Number

7994

Justin Wayne Downs

VS Trousdale Turner Correctional Center
CORECIVIC

Served on:

You are hereby summoned to defend a civil action filed against you in Hartsville, Trousdale County, Tennessee. Your defense must be made within thirty (30) days from the date this summons is served upon you. You are directed to file your defense with the clerk of the court and send a copy to the plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the complaint.

Issued: 12/13/24

Enika McCallum

Clerk / Deputy Clerk -

Attorney for Plaintiff: Pro - Se

NOTICE OF PERSONAL PROPERTY EXEMPTION

TO THE DEFENDANT(S): Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption as well as a homestead exemption from execution or seizure to satisfy a judgment. The amount of the homestead exemption depends upon your age and the other factors which are listed in TCA §26-2-301. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for your self and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to execute it, you may wish to seek the counsel of a lawyer. Please state file number on list.

Mail list to: Shelly Jones, Clerk and Master, Trousdale County

CERTIFICATION (IF APPLICABLE)

I, Shelly Jones, Clerk and Master of Trousdale County do certify this to be a true and correct copy of the original summons issued in this case.

Date: _____

Clerk / Deputy Clerk - _____

OFFICER'S RETURN: Please execute this summons and make your return within ninety (90) days of issuance as provided by law.

I certify that I have served this summons together with the complaint as follows: _____

Date: _____ By: _____

RETURN ON SERVICE OF SUMMONS BY MAIL: I hereby certify and return that on _____, I sent postage prepaid, by registered return receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in the above styled case, to the Defendant _____. On _____ I received the return receipt, which had been signed by _____ on _____. The return receipt is attached to this original summons to be filed by the Court Clerk.

Date: _____

Notary Public / Deputy Clerk (Comm. Expires _____)

Signature of Plaintiff

Plaintiff's Attorney (or Person Authorized to Serve Process)

ADA: If you need assistance or accommodations because of a disability, please call Shelly Jones, ADA Coordinator, at (615) 374-2996

IN THE CHANCERY COURT OF
COUNTY, TENNESSEEUNIFORM CIVIL AFFIDAVIT
OF INDIGENCY
T.C.A. § 20-12-127, Tenn. Sup. Ct. R 29.PART 1 PART 2

PLAINTIFF

Justin Downs

DEFENDANT

ACTION NO.

Truscdale Turner Corrections facility/civic

I, Justin W. Downs, do solemnly swear under penalties of perjury, that I am a resident of Tennessee, and that owing to my poverty, I am unable to bear the expenses of the action which I am about to commence, and that I am justly entitled to the relief sought, to the best of my belief. The following facts support my poverty.

1. Full Name	Justin Wayne Downs	3. Telephone Number	N/A				
2. Address	140 Macon Way Hartsville TN 37074	4. Date & Place of Birth	01-05-94 MI				
5. Names & Ages of All Dependents	Name	Age	Relation				
	Name	Age	Relation				
	Name	Age	Relation				
	Name	Age	Relation				
6. I am employed by	Employer	Employer's Address	Employer's Phone Number				
	N/A	N/A	N/A				
7. My present income, from all sources, after federal income/social security taxes are deducted, is \$	0	per week	\$ 22.00				
8. I receive or expect to receive money from the following:	AFDC	\$	per month beginning				
SSI \$ N/A per month beginning	Unemployment	\$ N/A	per month beginning				
Retirement \$ N/A per month beginning	Worker's comp	\$ N/A	per month beginning				
Other \$ 22.00 per month beginning	Disability	\$	per month beginning				
9. My expenses are	Rent/House Pmt	\$ N/A per month	Gas	\$	School Supplies	\$	
	Groceries	\$ 22.00 per month	Transportation	\$ N/A	Clothing	\$ N/A	
	Electricity	\$ N/A per month	Medical/Dental	\$ N/A	Child Care	\$ N/A	
	Water	\$ N/A per month	Telephone	\$	Child Support	\$	
	Other (identify)					\$	
10. My assets are (Fair Market Value)	Automobile	\$ 0	House	\$ 0	Checking/Savings Account	\$ 0	Other \$ 115.00
11. My debts are	\$ 0	Owed to			Reason for debt		
	\$ 0	Owed to			Reason for debt	N/A	
	\$ 0	Owed to			Reason for debt		
	\$ 0	Owed to			Reason for debt		

NOTICE: filing under a pauper's oath without giving security for costs and without payment of litigation taxes due does not relieve you from responsibility for the costs and taxes but suspends their collection until taxed by the court. T.C.A. §20-12-127(b).

I hereby further declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this action.

Sworn to and subscribed before me this 8 day of ~~Sept~~ 2024 PLAINTIFF SIGNATURE

NOV



DEPUTY CLERK

DETERMINATION OF INDIGENCE

It appears based upon this affidavit filed in this action, and after due inquiry made, that the PLAINTIFF:

FILED FOR RECORDTHIS 2 DAY OF DECEMBER 2024AM PM

CLERK AND MASTERS

enita McCallie

DEPUTY CLERK

TROUSDALE COUNTY, TENNESSEE

MINUTE BOOK PAGE
THIS 2 DAY OF DECEMBER, 2024.CM

CHANCELLOR

NOTICE: IF THE COURT DETERMINES THAT BASED UPON YOUR AFFIDAVIT YOU ARE NOT ELIGIBLE TO PROCEED UNDER A PAUPER'S OATH, YOU HAVE THE RIGHT TO A HEARING BEFORE THE CHANCELLOR.

Page 1 of 1 page.

UNIFORM AFFIDAVIT OF INDIGENCE

Form 086E, Rev. 2009 02.07

CLERK AND MASTER
303 EAST MAIN STREET,
ROOM 1
HARTSVILLE, TN 37074
(615) 374-2996

STATE OF
TENNESSEE
CIVIL SUMMONS
page 1 of 1

Case Number

7994

Justin Downs

VS Vincent Vintell

Served on:

You are hereby summoned to defend a civil action filed against you in Hartsville, Trousdale County, Tennessee. Your defense must be made within thirty (30) days from the date this summons is served upon you. You are directed to file your defense with the clerk of the court and send a copy to the plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the complaint.

Issued: 12/13/24

Enita McCallum

Clerk / Deputy Clerk -

Attorney for Plaintiff: Pro - Se

NOTICE OF PERSONAL PROPERTY EXEMPTION

TO THE DEFENDANT(S): Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption as well as a homestead exemption from execution or seizure to satisfy a judgment. The amount of the homestead exemption depends upon your age and the other factors which are listed in TCA §26-2-301. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for your self and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to execute it, you may wish to seek the counsel of a lawyer. Please state file number on list.

Mail list to: Shelly Jones, Clerk and Master, Trousdale County

CERTIFICATION (IF APPLICABLE)

I, Shelly Jones, Clerk and Master of Trousdale County do certify this to be a true and correct copy of the original summons issued in this case.

Date: _____

Clerk / Deputy Clerk - _____

OFFICER'S RETURN: Please execute this summons and make your return within ninety (90) days of issuance as provided by law.

I certify that I have served this summons together with the complaint as follows: _____

Date: 11/9/2025 By: *Zg*

RETURN ON SERVICE OF SUMMONS BY MAIL: I hereby certify and return that on _____, I sent postage prepaid, by registered return receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in the above styled case, to the Defendant _____. On _____ I received the return receipt, which had been signed by _____ on _____. The return receipt is attached to this original summons to be filed by the Court Clerk.

Date: _____

Notary Public / Deputy Clerk (Comm. Expires _____)

Signature of Plaintiff _____

Plaintiff's Attorney (or Person Authorized to Serve Process) _____

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CLERK AND MASTER
303 EAST MAIN STREET,
ROOM 1
HARTSVILLE, TN 37074
(615) 374-2996

STATE OF
TENNESSEE
CIVIL SUMMONS
page 1 of 1

Case Number

7994

Justin Wayne Downs

VS Trousdale Turner Correction Center
CORECIVIC

Served on:

You are hereby summoned to defend a civil action filed against you in Hartsville, Trousdale County, Tennessee. Your defense must be made within thirty (30) days from the date this summons is served upon you. You are directed to file your defense with the clerk of the court and send a copy to the plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the complaint.

Issued: 12/13/24

Enita McAllen

Clerk / Deputy Clerk -

Attorney for Plaintiff:

Pro - Se

NOTICE OF PERSONAL PROPERTY EXEMPTION

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I certify that I have served this summons together with the complaint as follows: _____

Date: 12/13/24 By: Jy Ll

RETURN ON SERVICE OF SUMMONS BY MAIL: I hereby certify and return that on _____, I sent postage prepaid, by registered return receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in the above styled case, to the Defendant _____ On _____ I received the return receipt, which had been signed by _____ on _____. The return receipt is attached to this original summons to be filed by the Court Clerk.

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Notary Public / Deputy Clerk (Comm. Expires _____)

Signature of Plaintiff

Plaintiff's Attorney (or Person Authorized to Serve Process)

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